OPHTHALMOLOGY.

UNDER THE CHARGE OF
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Œdematous Neuritis of Intracranial Origin.

H. Parinaud (Paris) thus designates choked disk or papillitis occurring with brain-disease, and argues (*Annals d'Oculistique*, vol. cxiv. No. 1) that optic neuritis of intracranial origin is primarily a lymphatic œdema of the nerve. This œdema is produced by the same influences and the same mechanism as the œdema in the cerebral substance, of which the optic nerve forms a sort of orbital prolongation. It is most frequently combined with hydrocephalus and the increase of intracranial tension which accompanies it, but it does not necessarily imply the existence of ventricular hydropsy. Furthermore, the excess of intracranial tension seems to be incapable alone of producing papillary œdema.

William F. Norris (*University Medical Magazine*, vol. viii. No. 6), calling it papillitis, says that most investigators are inclined to the view that it is a local inflammation of the intraocular ends of the optic nerves, caused by infiltration of the head of the nerve with infected serum. This fluid passes down between the pial and dural sheaths of the nerves, carrying with it ptomaïnes, bacilli, and tumor-elements, which, owing to neoplastic or to degeneration processes in the intracranial growth and its vicinity, have found their way into the subdural and subarachnoid spaces; and which, accumulating at the distal ends of these lymph-channels, cause an infectious and symptomatic inflammation.

The accumulation of serum, probably infected, in the tissue of the head of the nerve and around it has been demonstrated in many autopsies, but the infectious nature of the infiltration is, he believes, only positively proved in those cases in which tubercle-elements and bacilli have been found in the intraocular end of the nerve.

Treatment of Ophthalmia Neonatorum.

Dr. Vignes (Paris) (*Le Progrès Médical*, 1895, No. 28) agrees in the general verdict as to the superiority of silver nitrate as a local application, and thinks that other measures, often used with it, should be omitted. The insufflation of powdered iodoform, while an excellent modifier of tuberculous suppuration, lacks influence in this affection; and its use after the application of silver nitrate may cause the production of silver iodide, which is extremely caustic. As a cleansing-solution he prefers potassium permanganate in the strength of 1 to 4000. It seems to have a specific action on the affected membrane, markedly superior to that of boric-acid solutions. Solutions of carbolic acid exert a very deleterious effect upon the cornea. The cleansing-solution should, in any case, be used as hot as it can be borne.

TEMPORARY AMBLYOPIA FROM CHOCOLATE.

CASEY A. WOOD (Chicago) reports (*Medical Record*, vol. xlviii. No. 24) the case of a physician, aged fifty-four years, of gouty habit, for which he had exercised great care in his diet, especially as to alcoholic drinks. He suffered from severe headaches, closely resembling migraine, beginning with a rotating mass, devoid of color in front of both eyes, which gradually increased in size and density until the whole field of vision was covered, and he became practically blind. For ten minutes even the largest objects could not be perceived. There was merely ability to count fingers at a few inches. Then the outline of large objects began to loom up, and in a half-hour smaller objects were visible; in three-quarters of an hour to an hour the vision was as good as ever. This was always accompanied by vertigo, intense nausea, severe pain and sense of pressure in the head. He had been variously treated for eye-strain and general ailments, and the attacks were attributed to many causes. Some ten years before he had found that by refraining from sweetmeats he could lessen the number of attacks. At last his suspicion was attracted to chocolate, and subsequent observation, extending over a year, proved that it was always chocolate that induced the attacks. He had since found that he could eat sweetmeats not flavored with chocolate with impunity. He could also drink coffee or cocoa, but chocolate in any form promptly provoked a seizure.

ACUTE CONTAGIOUS CONJUNCTIVITIS.

The occurrence of acute conjunctivitis, apparently by contagion, has long been noted, and some ten years ago J. E. WEEKS described, in connection with such cases, a special form of bacillus which has since been recognized by others. VICTOR MORAX and G. W. BEACH (Paris) have recently made an extended bacteriological and experimental study of the subject (*Archives of Ophthalmology*, vol. xxv. No. 1). They give the disease the title of Acute Contagious Conjunctivitis, and find it characterized by the presence of the special micro-organism which has received the name of Weeks's bacillus.

It is always contagious—frequently epidemic. The symptoms, which vary in severity, begin two or three days after infection, with gluing together of the eyelids on awaking in the morning, and small, yellowish masses at the base of the lashes. There is increased lacrymation, congestion, and turbid discharge. It usually begins first in one eye, but affects both in its course. There are burning pain and the sense of a foreign body; the lids are swollen and discolored; and the eyeball is of a rosy tint, which has given the affection the name of "pink-eye." The symptoms continue to increase for two or three days, and frequently a slight coryza arises.

The disease runs an acute course, recovery being usually complete in two or three weeks, although some cases continue several weeks or even months.

It is more severe in adults than in children. In severe cases there may be marked purulent discharge and slight chemosis, and the cornea may become involved. The prognosis is, however, quite favorable. It should be treated by applications of nitrate of silver of the strength of 1 to 40 or 1 to 50, weaker solutions being less effective. The bacillus is found by a microscopical examination of the discharge, with a one-twelfth immersion objective. The cultures of it are best obtained on five-tenths per cent. agar, the tubes being corked to prevent evaporation from the surface, or in a mixture of human serum with peptonized agar. The bacilli are devoid of movement. Inoculation on animals of different species gave results constantly negative. Inoculation of a culture on the human conjunctiva produced a typical attack.

USE OF SUTURES AFTER CATARACT-EXTRACTION.

C. H. **WILLIAMS** (Boston) has used a suture in the conjunctival flap, and reports (*Boston Medical and Surgical Journal*, 1896, No. 16) eleven cases with favorable results. He makes his incision in the periphery of the cornea, inclining the edge of the knife slightly backward and cutting out with very gentle pressure, leaving a small flap of conjunctiva attached to the cornea. After the extraction of the lens this flap is united to the ocular conjunctiva by from one to three sutures of fine sterilized black silk. This secures the advantage of a conjunctival flap without any risk of its becoming rolled up or included in the wound; and lessens the danger of subsequent hernia of the iris or vitreous prolapse.

THE CORRECTING-GLASS FOR PRESBYOPIA.

E. **LANDOLT** (Paris) calls attention (*Archives d'Ophthalmologie*) to the defect in the rule often given for the choice of glasses, for near work, in presbyopia. This rule is to give the glasses which will bring the patient's near-point to a certain fixed distance, commonly 22 cm. or nine inches. Where considerable power of accommodation remains the glass that does this may not be sufficient. After the power of accommodation is almost or entirely lost the working-point is brought up to the focal distance of the glass, which is quite too near for persons that have good visual acuity. The better way is to base the presbyopic correction upon the distance from the eye at which the work is to be done, making the strength of the glass such that at this distance not more than two-thirds of the accommodation will be called into play.

LIGHT-PERCEPTION IN DIAGNOSIS.

R. W. **HENRY** (Leicester) from a careful study of the light-perceptive power in 203 eyes, finds that it is not a constant quantity, but begins to diminish after the age of thirty years, and most markedly after sixty years. He says (*Ophthalmic Review*, vol. xv. No. 172) that eyes with hyperopia of over 4 D. have diminished perceptive power. In disease it is most diminished where the retina is most affected, either by pressure or a poisoned condition of the blood.

In cases of amblyopia with normal fundus (or at most with slight pallor of temporal side of disk) and central color-scotoma, if the light-perceptive power be normal, the case is probably one of toxic amblyopia; if the visual field be full, nicotine is the determining cause; if spirally contracted (a "retinal exhaustion" field), alcohol is the predominating factor. In both cases the prognosis is good as to ultimate recovery; in the former it may, and probably will, take months; in the latter, weeks.

A New Method of Treating Pterygium.

Anton Coe (Washington) has found that by destroying the apex of the pterygium the growth undergoes rapid atrophy. He reports (*Annals of Ophthalmology*, vol. v. No. 2) two cases, one of thick and one of thin pterygium, in which, under cocaine, the apex of the growth was touched with a platinum-probe heated to redness. After this cauterization the vessels supplying the growths disappeared in a very few days. The vessels themselves were not touched in either case, the action of the cautery being confined to the apex of the growth. He thinks this an ideal operation for pterygium.

Episcleritis Periodica Fugax in Young Persons.

Sidney Stephenson (London) calls attention to the fact that this condition, recently described by Fuchs (see page 107, January number), occurs not infrequently in children. He reports (*Medical Press and Circular*, March 18, 1896) two cases occurring in girls of from nine to fourteen years of age. These cases had—the first, seven attacks in eighteen months; the second, eight attacks in five and one-half years; the third, eleven attacks in less than three years; the fourth, five attacks in two years; the fifth, eight attacks in less than one year; and the sixth, two attacks six months apart. The last patient was still under observation; others had been lost sight of, perhaps still subject to such attacks.

Choroidal Hemorrhage following Cataract-extraction.

J. A. Spalding (Portland, Me.) reports a case (*Archives of Ophthalmology*, vol. xv. No. 1) of this kind, and gives a very full bibliography of previously reported cases. The accident is by no means so rare as has been thought. Over fifty cases have been reported, and probably many remain unpublished, in the dread of publishing an accident which may seem to be due to a badly performed operation; but the names of the surgeons to whom the accident has occurred show that it is due solely to the diathesis of the patient. The chief cause is, undoubtedly, the atheromatous condition of the vessels, or an abnormal tension of the eyeball, suddenly reduced by the incision of the cornea and the outflow of aqueous. When it occurs the best treatment is to raise the patient's head, to relieve the pain, and to watch the eye carefully, prepared to perform enucleation as soon as possible. It does not occur more frequently with iridectomy than after simple extraction.